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MEMORANDUM

TO: Executive Team

THROUGH: Deputy Commissioner Alda Rego-Weathers; Donna E. Levin, General Counsel

FROM: Tracy Miller, Senior Deputy General Counsel; Alice Mroszczyk, Data Access Coordinator

RE: Creation of a Privacy and Data Access Office and Consolidation of Peer and Policy Review

DATE: June 27, 2006

INTRODUCTION

This memorandum announces the creation of a Privacy and Data Access Office (PDAO) serving the entire Department, comprised of four staff members. The goal of this reconfiguration is to improve the administration of DPH privacy, data access and research review through increased visibility, coordination, efficiency, and compliance. It will also reduce confusion by establishing clear lines of responsibility for these DPH-wide functions and permit the standardization and coordination of data access processes. DPH collects and works with an enormous amount of confidential data. Data are a vital component of the work at DPH and are widely sought. Increases in internal and external requests for DPH data as well as the growth of electronic systems require that the Department focus more attention on and allocate additional resources to an office that ensures appropriate and timely access, while at the same time protects its confidential data from unauthorized use or disclosure. The competing demands of our public health responsibilities and the daunting prospect of a privacy or security breach require increased attention to this delicate balance. Achieving and maintaining this balance requires strong support from the Commissioner's office and recognition and promotion by all senior staff of the importance of measures instituted to ensure access to DPH data, while safeguarding privacy. The formation and support of the PDAO is necessary to integrate privacy and data access processes into the regular fabric of our public health work and to boost their

profile within the Department. Far too often these issues are an afterthought and thus a source of contention, rushed forward without adequate thought, context or planning. This office will ensure that privacy and confidentiality are not seen as barriers to data access, but timely considered and an important protection for us all.

The PDAO will report jointly to the Deputy Commissioner and the General Counsel. The core of the office is a consolidation of three current staff positions and the addition of an administrative position. Tracy Miller, a Senior Deputy General Counsel and former Privacy Officer, will direct the office. She will supervise the Data Access Coordinator (DAC), Alice Mroszczyk, and the Privacy Officer, Eric Rubinstein. The addition of an administrative assistant is critical to reduce backlogs in certain areas and to improve the administration of existing and proposed functions explained more fully below. Bill Anderson will be working with the office in an administrative capacity. This team constitutes an extremely well-balanced group with varied backgrounds in privacy work including legal, epidemiological, programmatic, administrative, and systems skills in addition to a thorough knowledge of the entire department. The team can successfully implement these goals, provided that it is given sufficient resources and recognition. With the transition to a new Privacy Officer and the recognized need for administrative support it is a natural time to form this office and support this initiative.

A second Department-wide area, Technical Peer Review, will be coordinated with the Commissioner's Policy Review in the Commissioner's Office and report to the Deputy Commissioner. These functions previously were housed in two separate areas of the Department, the Commissioner's Office and CHISRE. A new PC I, working in the Commissioner's office will be responsible for the administration of the coordinated review processes.

I. PRIVACY AND DATA ACCESS OFFICE:

Goals:

- Create one office in the Department where individuals within and outside the Department know they can turn for information about and access to data.
 - Reduce confusion.
 - Improve communication.
 - Create greater consistency in application of standards.
 - Respond to changing needs regarding data access and electronic systems.
 - Highlight department-wide role and spread administrative cost department-wide through Center assessments.
 - Serve as the contact point for the new EOHHS Data Sharing MOU
- Reduce backlog and improve efficiency.
 - Reduce or eliminate redundancy through consolidation of functions in one office.
 - Address the backlog in RaDAR and Limited Data Set applications.
 - Accelerate review process for internal and external data requests and data use agreements.

- Provide administrative support for the Human Research Review Committee (HRRC – the DPH IRB at the Shattuck Hospital) and coordinate overlapping functions between the HRRC and RaDAR.
- Increase visibility and highlight the importance of these functions through Commissioner's office support and additional resources for the PDAO.
 - Recognize and promote its Department-wide functions.
 - Require Centers to utilize the PDAO for among other things, accessing and sharing data to ensure consistent standards and Department-wide participation.
 - Provide sufficient resources with the burden allocated across the Department.

Build on the Quality of Existing Processes:

- RaDAR is an excellent model; held out as a standard for other states.
- RaDAR and HRRC both have strong processes. Coordination will enhance them.
- The Confidentiality Policy and Procedures are well developed.
 - Require little revision at this juncture.
 - Require increased visibility through recognition by Senior Staff, additional training and compliance checks.
- Frameworks are in place.
 - Require a tight and efficient administrative structure with sufficient support, resources and recognition to successfully move forward.
- Privacy Liaison structure in place.
 - Works very well with respect to some centers and needs to be strengthened in other areas.
- Good rapport with the EOHHS privacy group, which will continue and likely expand.
- Web pages on DPH and HealthNet sites provide a good base for dissemination of information.
 - Regular and targeted updates provide an effective mechanism for training and dissemination of information and forms.

Potential Risks of Inadequate Resources:

- Breach of confidentiality by staff that are insufficiently aware of obligations or importance of procedures.
- Damage to the integrity of DPH as a resource for research data due to delays in acting on applications to RaDAR.
- Inconsistent application of standards.
- Violation of state or federal laws.
- Delays in processing requests for data within DPH, which damages the integrity of the process and increases risk of a breach.
 - Missing or delayed data required for program evaluation.
 - Missing or delayed data requested by EOHHS or Governor's office.
 - Loss of federal funds.
 - Release of data without appropriate agreement(s).

Issues to be Addressed:

- Lack of awareness or acknowledgement of functions of the Privacy Officer and the Data Access Coordinator.
- Insufficient resources.
- Long timelines for RaDAR and data use agreements.
- Inconsistent awareness and application of MDPH Confidentiality Policy and Procedures.
- Dissension among centers with respect to requirements for data access.
- Overlap among current positions leads to duplication of efforts or gaps and confusion among workforce regarding which position is responsible for specific tasks.
- Increased demand for data access, sharing, and linkage to meet federal reporting standards, for program evaluation and to target resources.
- Inadequate resources on website and intranet for use by consumers of HRRC, RaDAR, and Data Use Agreements.
- Inadequate privacy and data access resources for the development of complex electronic reporting systems.

Requirements:

- Recognition of importance of functions by the Commissioner's Office and the Executive Team and on-going support and promotion of these functions.
- Consolidation of staff and functions in one office.
- Additional staff and resources.

II. POLICY AND TECHNICAL PEER REVIEW

Goals:

- Create a seamless process in which one central office administers and coordinates the two separate but related review processes, peer review and policy review, to ensure that all reports and publications issued by the Department are appropriately reviewed prior to release.
 - Reduce confusion
 - Create greater consistency in application of standards
 - Create a complete record of all reports
 - Create a process that tracks internal and external as well as journal peer review processes
- Reduce backlog and improve efficiency
 - Standardized procedures and forms will improve efficiency
 - Well publicized standards and procedures will improve response time
 - Designated administrative personnel responsible for process will improve efficiency
 - Recruitment of additional reviewers will improve response time
- Increase visibility and highlight importance of the review functions by consolidating them in the Commissioner's Office and emphasizing their Department-wide nature.

Build on the Quality of the Existing Process:

- The peer and policy review frameworks are in place and require only minimal modification to ensure that publications authored by DPH staff meet high professional standards and are consistent with DPH and administration policy.
- Alternate external peer review processes will be recognized and centrally tracked

Potential Risks of Inadequate Resources:

- Release of poor quality or delayed reports or reports contrary to Department or administration policies.
- Inadequate or no review of some reports.
- Review of reports pursuant to different standards.
- No coordination between the two processes, resulting in delays or reports that are released without completing one or both of the review processes.
- Continued failure to recruit adequate reviewers which slows down the process.

Issues to be Addressed:

- Lack of coordination between technical and policy reviews.
- Lack of central repository.
- Delays due to inadequate reviewers, absence of dedicated administrative coordinator, and lack of coordination between processes.
- Lack of communication of requirements.
- Insufficient reviewers.
- Inconsistent participation and application of standards.

Attachments: Organizational Charts